TRAINING RECORD FAMILY/GROUP DAY CARE HOMES STATE OF MICHIGAN

STATE OF MICHIGAN

Department of Human Services
Office of Children and Adult Licensing
Division of Child Day Care Licensing

Provider's Name	
Registration/License Number	

NOTE TO PROVIDERS:							
Verification of participation of required training is to be kept on file by the provider for Department review. Do not mail to consultant.							
FAMILY HOMES (ONLY (Rule 1851)						
Training Type	Where Received	Card Received	Training Date	Training/Presenter Name			
First Aid		Yes No					
Infant & Child CPR		Yes No					
Adult CPR		Yes No					
GROUP HOMES ONLY (RULE 1851) Group Home providers must have a total of 20 clock hours of training with not less than 8 hours in the area of Child Development.							
Training Type	Where Received	Date Received	Certificate/ Card Received	# of Hours	Presenter's Name		
First Aid			☐ Yes ☐ No				
Infant & Child CPR			☐ Yes ☐ No				
Adult CPR			Yes No				
Child Development: Subject			☐ Yes ☐ No				
Child Development: Subject			Yes No				
Other: Subject			Yes No				
Other: Subject			Yes No				
SIGN AND DATE	WHEN TRAINING IS COMPLETED. (KEEP ON	FILE)					
Licensee/Registrant's	s Signature	Date					
AUT COI PEN	The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.						